	PATEN	T APP	LICAT Effect	ION FEE tive Nover	DET E	ERMINA 10, 1998	TION REC	COR	D	/0/6	on or [Pocket Nu	mber
,	CLAIMS AS FILED - PART I (Column 1) (Column 2)									L ENTITY		OTHE	R THAN
L	FOR			NUMBER FILED			NUMBER EXTRA			FEE	7	RATE	FEE
8	ASIC FEE							7.7	380.00	OR	HE TENNE	760.0	
I	OTAL CLAIMS	minus 20			= *			X\$ 9=	744	7	STATE CARGO	劉	
IN	DEPENDENT	minus 3 =			*			<u> </u>	 	OR		 	
М	ULTIPLE DEPI	ENDENT	CLAIM	PRESENT	1			-	X39=	 	OR	X78≃	<u> </u>
	* If the difference in column 1 is less than zero, enter "0" in column 2								+130=		OR	+260=	
						column 2		TOTAL		OR	TOTAL		
L	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							3)	SMALL	ENTITY	OR	OTHER SMALL	THAN ENTITY
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TION/ FEE
Q.	Total _.	* /	4	Minus	** (20	=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***	3	=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	100		-		
								ł	+130=		OR	+260=	
		(Calc	ıma 1\		,				ADDIT. FEE		OR ,	TOTAL ADDIT: FEE	<u> </u>
AMENDMENT B		CL	imn 1) NMS	E5.4333		olumn 2) IGHEST	(Column 3	;) 1 r		Linni	1 5		
		AF	AINING TER DMENT		PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RĂTE 1	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
	Total	*		Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=] [X39=		lt	X78=	
	FIRST PRESE	NIAHO	A OF W	JLTIPLE DEI	PENDE	NT CLAIM		╛┟			OR		
							·	L	+130=		OR	+260=	
								Α	TOTAL DDIT FEE		OR A	TOTAL DDIT. FEE	
		(Colur		Tan March		umn 2) GHEST	(Column 3)	1 -			<u> </u>		
THE PRINCING		REMAI AFT AMEND	ER		PRE	IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	*		Minus	**		=		X\$ 9=		ا م	X\$18=	
	Independent	*		Minus	***		=] -	X39=		···}	-	
	FIRST PRESE	NTATION	OF MU	LTIPLE DEP	ENDE	√T CLAIM		l	~09≅		OR	X78=	
• If	the entry in colur	nn 1 is les:	s than the	entry in colum	nn 9 u	ite "O" in ook	ımn 3		+130=		OR	+260=	
• 1	the "Highest Nun the "Highest Nun	nber Previ	ousiv Pai	d For" IN THIS	CDACE	ic loce then	20 00104 "20	. AC	TOTAL DIT. FEE		OR AD	TOTAL DIT. FEE	
T	ne "Highest Num	ber Previo	usly Paid	For" (Total or	Indepen	dent) is the l	i 3, enter 3." highest numbe			ropriate box	in colun	nn 1.	

FORM PTO-875 (Rev. 11/98)